



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **MISSING PATIENTS – UNAUTHORIZED LEAVE**

**Effective Date:** September 8, 2003

**Policy #:** ER-03

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- I. PURPOSE:** To establish policy and procedures to be followed in the event that patients cannot be located or leave the hospital campus without authorization.
- II. POLICY:** It is the policy of Montana State Hospital (MSH) to provide for the safety and well being of patients and to minimize the potential for public harm by patients who may be dangerous outside of the hospital setting. Accordingly, a thorough and complete search of the campus and surrounding area will be conducted whenever a patient is missing from the treatment setting. Searches will continue until all possibilities of locating the patient on or near the campus have been exhausted. Assistance from law enforcement and other appropriate agencies will be requested as needed to carry out search procedures. The hospital will provide any assistance needed by these agencies to help locate missing patients.

Information will be released to the public in a manner that balances patient confidentiality rights with those of the public to be informed when a potentially dangerous individual is no longer safely in custody. All notification and information released will occur in a manner consistent with law. For patients admitted to the hospital on criminal (forensic) commitments (section 46 of the Montana Code,) notifications will be made consistent with 44-2-601, M.C.A

The hospital and law enforcement agencies have the authority to detain and return to the Hospital any patient on unauthorized leave regardless of commitment status in order to fully assess their psychiatric and physical condition and ensure the patient's safety. This includes patients on voluntary admission status.

Family members of missing patients will be fully informed unless there are circumstances that clearly warrant otherwise.

MSH will consider only confirmed, factual information from reliable sources in making a determination that a missing patient is in a safe environment. MSH will not assume that a missing patient is safe until such confirmation is obtained.

### **III. DEFINITIONS:**

- A. Licensed Prescriber – A psychiatrist or other physician, nurse practitioner with prescriptive authority, or physician assistant. The attending licensed prescriber is the individual with primary responsibility for the patient's care.

B. Unauthorized Leave – A patient is considered on unauthorized leave when any of the following circumstances occur:

1. The patient is not accounted for during regular census checks or is noticed to be missing from the ward and is determined not to be in any scheduled activity or otherwise supervised by staff on campus pass;
2. The patient is seen leaving designated hospital facilities, the campus, or off campus activities without permission to do so;
3. The patient leaves the ward for an activity or job assignment but does not arrive as scheduled or does not return to the ward after the assignment;
4. The patient does not return as scheduled from using their campus pass;
5. The patient does not return as scheduled from a home visit or other authorized off campus activity;
6. MSH staff have some other reason to believe the patient may have left the campus.

#### IV. RESPONSIBILITIES:

A. **All employees** are responsible for:

1. Properly supervising patients at all times.
2. Immediately notifying personnel (Nursing Supervisor, Front Desk Personnel, Security Officer, or other appropriate persons) when any patient is suspected to be missing.
3. Carrying out search procedures as requested.
4. Completely documenting all information related to searches for missing patients and notifications.
5. Participating in post-incident debriefing and evaluation activities.

B. The **Director of Nursing** and **Nursing Supervisors** are responsible for:

1. Coordinating all search activities and communicating with law enforcement agencies when necessary.
2. Making all required notifications as listed under notification Section V., including Hospital staff, and other agencies as required.
3. Coordinating and ensuring the completion of documentation detailing the notification process and search procedures that have been carried out and outlined in attachments B, C, D, E, and F.
4. Making sure appropriate notifications are made when the patient has been located and returned to the campus or other arrangements have been made.

C. **Nursing Staff** (Licensed and Direct Care) are responsible for:

1. Carrying out census checks at assigned times and otherwise account for the whereabouts of patients.
2. Providing any necessary assistance in carrying out search or notification procedures.

D. **Licensed Prescribers** are responsible for:

1. Making an assessment (with input from other staff and information contained in the patient's record) and documenting findings in the patient's medical record, of a missing patient's medical, emotional, and psychiatric condition including: risk for self-harm, harming others, ability to care for self, and any other appropriate issues. This information will be communicated by the Director of Nursing or Nursing Supervisor to law enforcement and other agencies informed of the missing patient, but does not affect search activities to be carried out by hospital staff. The findings of this assessment are to be entered into the clinical record.
2. Assessing the patient's psychiatric and medical condition upon return of the patient to the unit and documenting the assessment in the medical record.

E. **Security Officers** are responsible for:

1. Beginning search procedures immediately upon notification that a patient is missing. Security Officers may be accompanied by other staff familiar with the patient and should search nearby roads, fields, the Warm Springs Store, railroad tracks and other areas on and off campus.
2. Continuing the search until notified that is no longer necessary. Searches are to continue without interruptions including breaks and meals except as authorized by the Supervisory RN coordinating search activities.
3. Coordinating activities with others involved in the search process.
4. Checking to see that areas identified in Attachment C, which may be closed during the evening hours or weekends, are locked and secure.
5. Documenting all areas searched and the times they were searched.

F. **Hospital Operations Specialists** are responsible for:

1. Making prompt notifications as requested and providing any necessary communications assistance.

G. **Director of Quality Improvement** is responsible for:

1. Providing any necessary assistance during the search for missing patients.
2. Evaluating each instance where search activities were activated to ensure they were carried out in accordance with this policy.

3. Coordinating post-incident debriefing and evaluation activities beyond discussion of the incident by administrative staff.
4. Working with the Hospital Administrator concerning dissemination of information about the event to the media and the DPHHS Public Information Officer.

H. **Hospital Administrator** is responsible for:

1. Ensuring policy and procedure for locating missing patients is current and followed by staff.
2. Communicating with the Administrator of the DPHHS Addictive and Mental Disorders Division, the Director of DPHHS, and other public officials pertinent information regarding missing patients, search activities, and notification to the public beyond that communicated in the initial notifications carried out by the Director of Nursing or Nursing Supervisors.
3. Addressing issues concerning dissemination of information to the public and ensuring appropriate and timely notification to the news media. See attachment A.

V. **PROCEDURE:**

A. Steps to be taken when a patient is believed to be missing from the hospital:

- Step 1. The employee who notes that a patient is missing or unaccounted for will immediately notify the Hospital Operator and other staff members needed to assist with efforts to recover the patient and make required notifications.
- Step 2. The Operator will notify the Security Officer who will begin search procedures immediately (may include picking up a staff person familiar with the patient).
- Step 3. The Nursing Supervisor or Director of Nursing need to be informed of the situation as soon as possible by staff on the missing patient's unit or the Hospital Operator so they can begin coordinating search activities. **The Director of Nursing or Nursing Supervisor may delegate any of the actions listed below, but is responsible to ensure they are carried out.**
- Step 4. The D.O.N. / Nursing Supervisor will contact nursing personnel and the staff working in the areas identified in Attachment C. The staff contacted must search their area and immediately inform the D.O.N. / Nursing Supervisor of the outcome. If these areas are closed i.e. evenings or weekends, the Security Officer will check the doors to ensure they are secure as time permits.
- Step 5. The attending or on-call Licensed Prescriber is to be contacted for the purpose of assessing the medical and psychiatric condition of the patient, including the patient's risk to the public or self. This assessment needs to take into consideration the patient's recent and remote history of threats of harm to self or others and the possible effects of being without prescribed medication or

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abusing alcohol or other substances. The licensed prescriber will complete Attachment B with input from staff on the patient's treatment unit.

- Step 6. The Anaconda-Deer Lodge County Law Enforcement Department will be notified *as soon as possible* when a patient cannot be located. All relevant information will be shared with the Law Enforcement Department as it becomes available. Other law enforcement agencies including the Powell County Sheriff's Department and the Montana Highway Patrol will be notified if appropriate.

A photograph may be released to law enforcement authorities to aid in search procedures. When providing law enforcement agencies with a photograph, the Hospital will point out that subsequent release of the photograph is prohibited without authorization from District Court (53-21-144 M.C.A.)

- Step 7. If the initial search procedures are unsuccessful in locating the missing patient, the Hospital Administrator, and other administrative and supervisory personnel involved will determine whether there are additional search procedures and actions that should be taken. This decision will consider the Licensed Prescriber's assessment conducted in Step 4. [Note: These individuals should be notified if possible earlier in the search process if the patient is reported missing during daytime or early evening hours. Failure to reach any or all of these individuals is not a reason to delay further actions regarding search and notification procedures.] Generally one to two hours should be allowed for completion of the initial search procedures.
- Step 8. All additional search activities will be coordinated with Anaconda-Deer Lodge County Law Enforcement Officials. The Hospital may request law enforcement to ask for assistance from a local Search and Rescue Organization, or in the event that a patient on a criminal commitment is missing, Montana State Prison. Search and Rescue agencies operate under the direction of the Law Enforcement Agency.
- Step 9. **Notifications.** As the process of searching for the missing patient is carried out, the following notifications are to be made. Documentation of each notification should be maintained. If any individual or organization cannot be reached immediately, additional efforts will be made at a later time.

Unit Nursing Personnel  
Unit Nursing Supervisor  
Director of Nursing  
Anaconda/Deer Lodge County Law Enforcement (563-5241)  
Family Members or other responsible person  
Patient's Guardian (if one has been appointed - call during daytime or early evening hours)  
Tribal authorities if the patient is an enrolled member

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Attending Licensed Prescriber (during daytime or early evening hours)  
Hospital Administrator (693-7010 office)(563-7065 home)(560-0261 cell)  
Director of QI (after business hours, leave message on work phone)  
Medical Director (after business hours, leave message on work phone)  
Sheriff in County of original commitment for current admission  
Sheriff in county of Permanent Residence if different than committing county  
Committing Court Judge (during working hours)  
Montana State Prison if patient is an inmate (846-1320)  
Previous or Potential Victims (if there are any and we have a way to notify them)  
Community mental health case manager or professionals involved with the patient (during business hours)

The patient's current commitment orders are to be faxed to the Anaconda-Deer Lodge County Law Enforcement Office (563-2069).

Fax the unauthorized leave form to the Administrator of the Addictive and Mental Disorders Division (444-4435) within 12 hours.

After other notifications that have been completed, the Associated Press (442-7440) may be notified by the Hospital Administrator or other designated individual in order to disseminate information about the missing patient to the public. The purpose of releasing information to the public is to provide information if the individual presents a significant risk to others or to themselves and to seek assistance in locating the missing individual. The circumstances of the patient's admission, mental and physical condition, and the unauthorized leave will be the basis for determining what information is released. See Attachment A.

Under some circumstances it may be appropriate to notify residents of employee housing units on campus or other nearby residents. This notification may be made specifically to an employee who is known to have been threatened by a missing patient, or it may be more general in nature. It may also be done if search activities are occurring near residential units. Notification will be based on an assessment of need and appropriateness, not simply because a patient is missing.

#### B. Steps to take when the patient is missing from an off-campus supervised activity.

- Step 1 Staff responsible for supervising the patient during the activity will search the immediate and surrounding area for the missing patient.
- Step 2 Staff will account for all patients involved in the off-campus activity and require them to stay together under supervision.

- Step 3 The off campus staff will notify the D.O.N. / Nursing Supervisor. The D.O.N. / Nursing Supervisor will decide if the rest of the staff and patients should return to the hospital or continue with the off-campus activity.

FOLLOW STEPS 4 THROUGH 8 LISTED UNDER SECTION A (V. PROCEDURE)

- C. Steps to take when a patient fails to return from a Home Visit, Pre-placement Visit, or other unsupervised off-campus activity.

The patient's attending Licensed Prescriber, the Hospital Administrator, and the Medical Director, are to be contacted to determine the appropriate course of action to be taken. Actions to be considered included, but are not limited to:

- 1) Discharge of the patient;
- 2) Extension of home visit or pre-placement visit status;
- 3) Requesting law enforcement authorities to take the patient into custody so they can be returned to the hospital.

- D. Discharge of a patient on Unauthorized Leave Status:

Patients on unauthorized leave status may only be discharged from the Hospital in a manner consistent with the Hospital's Discharge Policy. Generally, this prohibits discharge of the patient until the period of their commitment has expired.

- E. Steps to take when a missing patient is located.

- Step 1 Upon receiving verifiable information that a missing patient has been located; the RN coordinating the search will inform all persons involved in search activities or otherwise notified. This does not include notification to the press, which will normally occur only after the patient has returned to the hospital.
- Step 2 When the patient is located close the Hospital (generally within 100 miles) a Teamster or a Security Officer and other staff as needed will be dispatched immediately to return the patient to the campus.
- Step 3 When the patient is located instate, but more than 100 miles away, the arrangements for the return of the patient will be coordinated with local law enforcement and mental health agencies. If transportation cannot be provided by law enforcement agencies, arrangements will be made for a teamster and nursing staff to pick up the patient at the earliest time possible.
- Step 4 When the patient is located out of state, a determination of the legal process for returning the patient to the Hospital will be made by the Hospital Administrator in consultation with the AMDD Administrator.

- Step 5 All individuals and organizations notified that the patient was missing will be notified that the patient has been located.
- Step 6 The Hospital Administrator (or designee) will notify the Associated Press once the patient is physically returned to the campus.
- Step 7 A patient may be discharged from unauthorized leave status only after expiration of their commitment or when the Hospital has received verified information that the patient is safe and secure and local or state authorities are not seeking to return the individual to Montana State Hospital. Authorization for discharge must be received from the Hospital Administrator and in the event of a patient on a forensic commitment, from the committing district court.

F. Assessment of the Patient upon return to the Hospital

- Step 1 Upon return of the patient to the Hospital, nursing staff will immediately assess the patient's physical, medical, emotional, and psychiatric condition including, the patient's use of any prescription or over the counter medications or illicit or intoxicating substances while away from the hospital and report to the on-call or attending Licensed Prescriber. The on-call or attending Licensed Prescriber will see the patient if requested by the nurse. If indicated, a Primary Care Physician will be contacted to evaluate the patient's physical condition.
- Step 2 Pertinent information regarding the patient's activities and behavior while away from the hospital, as available from community and family sources, will be documented in the progress notes by treatment unit staff.
- Step 3 The patient may be placed on "Unauthorized Leave Precautions" upon their return to the Hospital. The need for unauthorized leave precautions will be evaluated by the Licensed Prescriber in consultation with other members of the treatment team.

G. Post Incident Review Process

Within twenty-four hours of the time the patient was reported missing, the Nursing Supervisor will complete the first part of the "Unauthorized Leave Post Incident Review Form" and submit it to Treatment Team. The treatment team will review the circumstances of the unauthorized leave and subsequent action taken, complete the required documentation and submit it to the Hospital Administrator.

The Hospital Administrator will determine whether further review or other action is necessary, and if so, will assign staff to coordinate post-incident review and debriefing activities.

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Ed Amberg Date  
Hospital Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Thomas Gray, MD Date  
Medical Director

## **Attachment A**

### **Guidelines for Release of Information**

Notification to the Press of a missing patient is to be made very carefully, balancing the patient confidentiality rights with the right of the public to know that an individual committed to the state hospital and who may be dangerous, has left the Hospital without authorization. The following should be used as a guideline when making announcements to the press. In addition to the information provided here and when appropriate, the press can be provided with a general description of the individual and the location where they were last seen. Questions about standard hospital procedure and hypothetical situations can also be answered. Additionally, whenever specific information about a patient is released, the following statement should also be included:

Hospital staff have turned over all information about the patient to the Anaconda/Deer Lodge County Law Enforcement Office and other Law Enforcement Agencies who are assisting with the search. Anyone who may have information about this individual should contact the Anaconda/Deer Lodge County Law Enforcement Office at 406-563-5241, Montana State Hospital at 406-693-7000, or their local law enforcement agency. State and federal laws on confidentiality prohibit disclosure of additional information about this matter.

**The telephone number for the Associated Press is: 406-442-7440.**

#### **Information to be released:**

##### **Patient on a Criminal Court (Forensic) Commitment**

Name  
County of Commitment  
Date of Commitment  
Type of Commitment  
Criminal Charges that led to commitment  
Time and Date patient was discovered to be missing  
Summary of Risk to the Public

##### **Inmate who is a Patient**

Patient's name  
Date of Transfer from Prison to MSH  
Time determined to be missing  
Date of admission to Prison  
Criminal Charges resulting in sentence to prison  
County of conviction  
Nature of Threat to the Public

##### **Civilly Committed Patient who has pending criminal charges (blue sheeted)**

Patient's Name  
Date of Admission to MSH  
Original County of Commitment  
Criminal Charges that are pending  
Summary of Risk to public safety

##### **Civil Patient Who is Considered Dangerous**

Patient's Name  
Date of Admission  
County of Commitment

Type of Commitment

Time patient was determined to be missing

Description of Risk or reasons why patient may be a danger to others

**Civil Patient Who is Assessed as Not Likely to be Dangerous to the Public**

Simply report that the Hospital is searching for a missing patient and the fact that they are unlikely to present a risk to the public.

Statement: Hospital staff are working with the Anaconda/Deer Lodge County Police Department to locate this individual and return him to the Hospital in order to ensure that he/she is safe. State and federal laws on confidentiality prohibit disclosure of additional information about this matter. Anyone who may have information about this individual should contact the Anaconda/Deer Lodge County Law Enforcement Office at 406-563-5241, Montana State Hospital at 406-693-7000, or a local law enforcement agency.

## **Attachment B**

### **Missing Patient – Unauthorized Leave**

#### **Risk Assessment Guidelines**

**Patient Name:** \_\_\_\_\_ **Patient Number:** \_\_\_\_\_

**Date of Unauthorized Leave:** \_\_\_\_\_ **Time:** \_\_\_\_\_

The following factors will be utilized to assess the level of risk posed by a patient missing from the Hospital.

1. Identify behavior which has been injurious to self or others in the remote or recent past; behavior and/or statements which have indicated imminent harm to self or others in recent and remote past.
2. Current level of functioning including ability to care for self.
3. Likely course of functioning if patient is without prescribed medications.
4. Likelihood of patient to seek to obtain alcohol or other substances and behavior that may occur if intoxicated.
5. Situations or people which could cause patient to react aggressively toward self or others.
6. Degree to which the patient's behavior is predictable.
7. Likely response of the patient if confronted.
8. Recent mental status.

9. Physical or medical condition of the patient.

10. Weather conditions.

11. Other factors to be considered.

### Missing Patient – Unauthorized leave Documentation of Search Activities

Search procedures are to be coordinated by the Director of Nursing or Nursing Supervisor. This form is to be used to document search activities that have been carried out.

Patient Name \_\_\_\_\_ Date & Time of Unauthorized Leave \_\_\_\_\_  
 Date/Time Security Notified \_\_\_\_\_ Security Officer on Duty \_\_\_\_\_  
 Psych Techs involved in search \_\_\_\_\_  
 Time search terminated \_\_\_\_\_ Termination approved by \_\_\_\_\_

Area Searched:	Time Searched	Person Reporting	Comments
Patients Living Unit			
Dinning hall			
Rotunda			
Visitor Rooms			
Medical Clinic			
Program Support Building			
Therapeutic Learning Center			
--Canteen			
--Gym			
--Classrooms			
--Library			
--Outside areas			
Board of Visitors Office			
Duck Pond			
All smoking sheds			
Warehouse			
Auto/constructions shops			
Maintenance shops			
Warm Springs Store			
North on Frontage Road			
South on Frontage Road			
North on I-90			
South on I-90			
Area across highway			
Employee housing area			

Signature of Director of Nursing/Nurse Manager of Shift: \_\_\_\_\_ Date: \_\_\_\_\_

Additional steps to be taken:

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**Attachment D**  
**Montana State Hospital**  
**Unauthorized Leave Form**

Patient Name (AKA's) \_\_\_\_\_ Patient #: \_\_\_\_\_

Date / Time Elopement Occurred: \_\_\_\_\_

Unit: \_\_\_\_\_ Commit Type: \_\_\_\_\_ Expires: \_\_\_\_\_ Committing County: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Usual / Permanent Address & County: \_\_\_\_\_

How did the leave occur: \_\_\_\_\_

Where / When Last Seen: \_\_\_\_\_ By Whom: \_\_\_\_\_

Clothing: \_\_\_\_\_

Identifying Marks / Characteristics: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Was Patient on Campus Pass? \_\_\_\_\_ Amount of time for Pass: \_\_\_\_\_

Other information: (Anticipated behavior, ability to meet own personal needs, dangerousness, recent threats, criminal history, past unauthorized leaves: )

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**INFORMATION UPON RETURN**

Location when found: \_\_\_\_\_ Individual providing information: \_\_\_\_\_

Date / Time Located: \_\_\_\_\_ Returned by: \_\_\_\_\_

Condition of Patient upon return (vital signs, orientation, injuries, physical / mental status: )

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Name of RN completing assessment: \_\_\_\_\_ Time: \_\_\_\_\_

Licensed Prescriber competing exam: \_\_\_\_\_ Time: \_\_\_\_\_

**Attachment E**

**Missing Patient - Unauthorized Leave**

**Post Incident Review Form**

**Patient Name:**\_\_\_\_\_

**Hospital Number:** \_\_\_\_\_

**Date of Leave:**\_\_\_\_\_

**Treatment Unit:** \_\_\_\_\_

**Part I:**      **Shift Supervisor and Unit Nurse** (To be completed by the end of the shift and then forwarded to the Team Leader)

1. What were the circumstances leading to the unauthorized leave of this patient?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Describe events, noted behaviors, etc. which preceded the unauthorized leave.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. When was the last hourly / half hour patient check completed for this patient?

\_\_\_\_\_

4. Did any policy or procedure violations contribute to this unauthorized leave? If so, please describe?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What immediate actions have been taken regarding this situation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Suggestions for preventing this type of unauthorized leave from occurring in the future.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Missing Patient - Unauthorized Leave  
Post Incident Review Form**

**Part II: Unit Treatment Team**

The Treatment Team, consisting of the: Team Leader, Attending Licensed Prescriber, Nurse Manager and other appropriate team members must meet with the patient, on the first business day following the unauthorized leave. Because an unauthorized leave is a significant event, the treatment plan must be reviewed and updated. Due to the potential for risk, the treatment team will process all unauthorized leaves.

1. Describe any significant changes in the patient's mood or behaviors within 24 hours before the leave? Were there any signs that in hindsight, may have indicated that the patient planned to elope?

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2. What was the patient's reason for leaving the Hospital?

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3. What significant events may have contributed to the patients decision to leave the Hospital? (seclusion or restraints; involuntary medication review; court hearing; forensic review board; reduction in level; bad news from home, anxiety about discharge, etc.)

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4. Has the patient previously left without authorization? If so, when?

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5. What type and amount of off unit privileges did the patient have? When were the privileges granted?

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6. Describe plans for granting off unit privileges in the future.

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7. What changes have been made to the treatment plan?

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8. What is the team's assessment of what led to the unauthorized leave?

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9. Identify patient behaviors and / or situations, which should prompt staff intervention to prevent an another unauthorized leave.

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10. What clinical and / or administrative changes are recommended?

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11. List staff members participating in the review

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This completed form must be forwarded to the Hospital Administrator within two business days from the unauthorized leave. The Hospital Administrator, the Director of Nursing Services, the Director of Quality Improvement will perform an administrative review of the unauthorized leave.

## Attachment F

### Missing Patient - Unauthorized Leave

#### REQUIRED NOTIFICATION CHECK OFF LIST

The following individuals or agencies must be notified when a patient is determined to be missing and when the patient is found and returned to the hospital.

Person Notified	Name	Time / Date	Notified by	Notified by whom Upon return	Time / Date
Unit Nurse					
Nursing Supervisor					
Director of Nursing					
Patient's Guardian or responsible person					
Family Member					
Attending Licensed Precrber					
Anaconda / Deer Lodge County Sheriff's office					
Fax commitment papers to Anaconda / D. Lodge County Sheriff's Office					
Hospital Administer					
Medical Director					
Sheriff or Police Department in Committing County or City					
Sheriff or Police Department in County of Permanent Residence					
Committing Court Judge					
Montana State Prison if patient is an inmate.					
Previous or Potential Victims					
Mental Health Center Staff familiar with patient					
Fax the Unauthorized Leave form to the Division Administrator					
Fax the Unauthorized Leave form to the Division Director					